

**CITY OF STOCKTON
SPECIAL EVENTS
SUPPLIER – VENDOR – ENTERTAINER LISTING**

NAME OF EVENT: _____
DATE OF EVENT: _____
LOCATION OF EVENT: _____
COORDINATOR NAME: _____
TELEPHONE: _____

Please complete **ALL** the information listed below and **return 45 days prior to the date of the event listed above to:**

CITY OF STOCKTON, Risk Management Division
6 E. Lindsay Street, Stockton, CA 95202

or

FAX to (209) 937-8833

Call **(209) 937-8629** for further information.

ALL INSURANCE FOR EACH VENDOR LISTED MUST BE COMPLETED AND APPROVED 30 DAYS PRIOR TO THE EVENT FOR EVENT HOLDER AND ALL VENDORS

TEMPORARY RENTAL COMPANIES

SECURITY COMPANY:

NAME	ADDRESS	TELEPHONE	Y*

STAGE/STAGEHANDS:

NAME	ADDRESS	TELEPHONE	Y*

SOUND/LIGHTS:

NAME	ADDRESS	TELEPHONE	Y*

PORTABLE RESTROOMS:

NAME	ADDRESS	TELEPHONE	Y*

*Gray areas are for Office Use Only.

TRASH DUMPSTERS:

NAME	ADDRESS	TELEPHONE	Y*

TENTS/CANOPIES:

NAME	ADDRESS	TELEPHONE	Y*

FENCING:

NAME	ADDRESS	TELEPHONE	Y*

TRAILERS/HOUSEBOATS:

NAME	ADDRESS	TELEPHONE	Y*

GOLF CARTS:

NAME	ADDRESS	TELEPHONE	Y*

INFLATABLE JUMPS/CHILDREN RIDES:

NAME	ADDRESS	TELEPHONE	Y*

FIRST AIDE STATION:

NAME	ADDRESS	TELEPHONE	Y*

LOST CHILD STATION:

NAME	ADDRESS	TELEPHONE	Y*

FIRE WORKS VENDOR:

NAME	ADDRESS	TELEPHONE	Y*

*Gray areas are for **Office Use Only**.

RADIO/TELEVISION COMPANY

NAME	ADDRESS	TELEPHONE	Y*

OTHER RENTAL ITEMS:

NAME	ADDRESS	TELEPHONE	Y*

FOOD/BEVERAGE/CATERER VENDORS:

NAME	ADDRESS	TELEPHONE	Y*

RETAIL SALES MERCHANDISE VENDORS:

NAME	ADDRESS	TELEPHONE	Y*

*Gray areas are for **Office Use Only**.

ARTS/CRAFTS VENDORS:

NAME	ADDRESS	TELEPHONE	Y*

LIST OF ALL EXHIBITORS:

NAME	ADDRESS	TELEPHONE	Y*

LIST OF ALL ENTERTAINERS:

NAME	ADDRESS	TELEPHONE	Y*

02/28/03dg

*Gray areas are for **Office Use Only**.